



EXPRESS MAIL NO. EV889154360US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/533,277
Filing Date	November 28, 2005
First Named Inventor	Tadayoshi Mitsuhashi
Art Unit	1634
Examiner Name	Amanda Marie Shaw
Attorney Docket No.	690107.404USPC

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement and Transmittal
<input checked="" type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):

_____ |
|--|---|---|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	William T. Christiansen, Ph.D.		
Date	July 29, 2008	Reg. No.	44,614

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

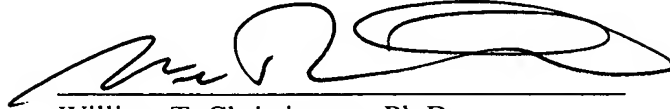
Signature		
Typed or printed name		

SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
1206365_1.DOC

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,

SEED Intellectual Property Law Group PLLC

A handwritten signature in black ink, appearing to read 'W. Christiansen', written over a horizontal line.

William T. Christiansen, Ph.D.

Registration No. 44,614

WTC:jrb

Enclosures:

Check

Supplemental Information Disclosure Statement

Cited References (1)

701 Fifth Avenue, Suite 5400

Seattle, Washington 98104

Phone: (206) 622-4900

Fax: (206) 682-6031

1206329_1.DOC



08/01/08

EXPRESS MAIL NO. EV889154360US

PATENT

1Fu/#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Tadayoshi Mitsuhashi
Application No. : 10/533,277
Filed : November 28, 2005
For : METHODS OF EXAMINING SWINE GENETIC RESISTANCE TO
RNA VIRUS-ORIGIN DISEASE

Examiner : Amanda Marie Shaw
Art Unit : 1634
Docket No. : 390107.404USPC
Date : July 29, 2008

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicant wishes to make known to the U.S. Patent and Trademark Office the references set forth on the attached Information Disclosure Statement. Copies of cited U.S. patents and published patent applications are not required and accordingly have not been provided. Copies of any other cited references are enclosed. As to any reference cited, applicant does not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserves the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicant's duty to disclose all information he/she is aware of which is believed relevant to the examination of the above-identified application, applicant believes that his/her invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

08/01/2008 CNGUYEN2 00000064 10533277

01 FC:1806

180.00 0P

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FREE TRANSMITTAL **For FY 2008**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180**

Application Number	10/533,277
Filing Date	November 28, 2005
First Named Inventor	Tadayoshi Mitsuhashi
Examiner Name	Amanda Marie Shaw
Art Unit	1634
Attorney Docket No.	690107.404USPC

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____ -20 or HP = _____	X	_____ = _____	_____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -3 or HP = _____	X	_____ = _____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

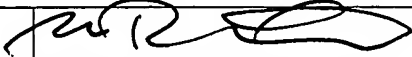
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ -100 = _____	/50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Fee**180****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,614	Telephone	206-622-4900
Name (Print/Type)	William T. Christiansen, Ph.D.			Date	July 29, 2008

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

JUL 29 2008

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**180****Complete if Known**

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- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

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Indep. Claims	Extra Claims	Fee (\$)
_____ -3 or HP = _____	X _____	= _____
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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Other (e.g., late filing surcharge): Information Disclosure Statement Fee **180**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,614	Telephone	206-622-4900
Name (Print/Type)	William T. Christiansen, Ph.D.			Date	July 29, 2008